



**City of Reading
Police Department**
815 Washington Street
Reading, Pa. 19601

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Mayor
Vaughn D. Spencer

Chief of Police
William M. Heim

**Reading Police Department
Vice Section Complaint Form**

***Please print legibly or type, this is a two page form**

Type of Complaint:			
Prostitution:	Yes:	No:	
Drugs:	Yes:	No:	Check each box that applies:
Cocaine:	Heroin:	Marijuana:	Other (describe):
Address:			Apt#:
Suspect #1 Name:			

Please fill in the following sections as completely as possible.

Race:		Sex:		Height:		Weight:		Build:	
Age:		Hair Description:					Eye Color:		
Glasses:		Mustache:		Beard:		Clean Shaven:			
Vehicle Involved?	Yes:	No:	If Yes, Describe below:						
Make:		Model:		Color:					
License #:		State:		Identifying Marks:					

Suspect #2 Name:

Please fill in the following sections as completely as possible.

Race:		Sex:		Height:		Weight:		Build:	
Age:		Hair Description:					Eye Color:		
Glasses:		Mustache:		Beard:		Clean Shaven:			
Vehicle Involved?	Yes:	No:	If Yes, Describe below:						

Make:		Model:		Color:	
License #:		State:		Identifying Marks:	

Time of Day Activity Occurs:					
How Dealing is Being Done:		Inside Home:		Outside Home:	
If Inside Home, How are Suspects Accessing the home?:					

Details on Dealing Methods:

Complainant Name:			
Complainant Address:			
Home Ph#		Cell Ph#	
May we use your home for surveillance?:			

This section for office purposes:

Information Received by:		Date:		Time:	
Investigator Assigned:		Date:			
Investigator Notes:					